

Attorney Docket No.: 01CON337P

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Gao, Yang				
SERIAL NO.: 09/651,476 FILED: August 30, 2000	RECEIVED			
FOR: Frequency Domain Noise Suppressor	NEOLIVE			
HONORABLE COMMISSIONER FOR PATENTS	JUN 1 0 2004			
P.O. Box 1450, Alexandria, VA 22313-1450	Technology Center 2600			
Sir/Madam:				
Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.				
☑ No additional fee is required.				
☐ The fee has been calculated as shown below:				
□ EXTENSION FEE	RATE Non-Small Entity	RATE Small-Entity	FEE	
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$	
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$	
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$	
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$	

\square TOTAL	EXTENSION	FEE \$ 0.00
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 $\hfill \Box$ FEE FOR EXTRA CLAIMS added by Amendment in this response:

•	Column 1	Column 2	Column 3		····	
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	24	MINUS **59	* = 0	x 18	x 9	\$
INDEPENDENT	4	MINUS ***6	* = 0	x 86	x 43	\$
First presentation of	f multiple depender	nt claim		+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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	Total fee for Supplemental Information Disclosure Statement \$
	Enclosed is the total fee of \$ 00.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
	Please charge Deposit Account No. 50-0731 in the amount of \$
X	The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.
Date: _	By: Farshad Farjami, Reg. No. 17,014

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<u>CERTIFICATE OF MAILING</u>
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date

Signature

Typed or Printed Name of Person Mailing Paper and/or Fee